

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017772

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED MAY 9 1963

Primary Registration District No.

1003

Registrar's No.

4804

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
Homer G. Phillips

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS (If outside, give location)

4402 No. Market

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
Dinah

Middle

Last  
Isom4. DATE  
OF  
DEATH

Month

Day

Year

4

30

63

## 5. SEX

Fem.

## 6. COLOR OR RACE

Negre

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

17 Aug 62

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

8

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiorespiratory Failure

INTERVAL BETWEEN  
ONSET AND DEATH  
Undet.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Rt. Middle Lobe Atelectasis

DUE TO (c)

Pneumonitis

792X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

4-23-63

to

4-30-63

and last saw ☒ alive on

4-30-63

Death occurred at

4:00

P.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or print)

Homer G. Phillips, M.D.

## 22b. ADDRESS

2601 N. Whittier

## 22c. DATE SIGNED

5-1-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

5/3/63

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park

## 23d. LOCATION (City, town, or county)

St. Louis County Missouri

(State)

## 24. FUNERAL DIRECTOR

Herman J. Smith

## ADDRESS

4247/w Labadie

## 25. DATE RECD. BY LOCAL REG.

MAY 3 1963

## 26. REGISTRAR'S SIGNATURE

Homer G. Phillips, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Arthur L. Hollis*

Licensed Embalmer No. 4221

P. O. Address 3100 Eastern Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.